

TO: ISSUE FEE

PART B - FEE(S) TRANSMITTAL

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7590

09/03/2009

Philip S. Johnson
 Johnson & Johnson
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12/01/2009 RMEBRAH1 00000115 100750 10506998

01 FC:1501 1510.00 DA
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Ronnie L. Jordan (Depositor's name)
 Ronnie L. Jordan (Signature)
 November 30, 2009 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/306,998	09/08/2004	Patrick Rene Angibaud	PRD 2024-PCT	8833

TITLE OF INVENTION: NEW INHIBITORS OF HISTONE DEACETYLASE

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	12/03/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEESER, ERIC A	1624	514-256000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB-122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB-447, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

JANSSEN PHARMACEUTICA, N.V.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

BEERSE, BELGIUM

Reel/Frame: 020940/0539

Recorded: 05/13/2008

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10-0750 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: /Alana G. Kriegsman/

Date: November 30, 2009

Typed or printed name: Alana G. Kriegsman

Registration No. 41,747

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